STATE OF IDAHO BUREAU OF OCCUPATIONAL LICENSES 1109 Main Street, Suite 220

1109 Main Street, Suite 22 Boise, Idaho 83702-5642

BARBER STUDENT REGISTRATION FORM

Complete this form by providing (please print) the requested information and submit it to the address noted above. The applicant's signature must be notarized and the fee (\$20.00) must be attached. Returned checks are subject to a \$20.00 collection fee.

NOTE: NO BARBER SCHOOL SHALL PERMIT A STUDENT TO ENGAGE IN THE PRACTICE OF BARBERING OR ATTEND ANY CLASSES UNTIL AFTER SUCH STUDENT HAS PRESENTED THE STUDENT BARBER PERMIT ISSUED IN THE STUDENT'S NAME BY THE BOARD.

I hereby submit my application to be registered as a student (please charge) [] Barber [neck one):] Barber-Stylist		
in the State of Idaho under the provisions of Title 54, Chapter 5, Idaho			
1. Full Name (Mr., Mrs., or Ms.)			
2. Mailing address			
Street	City	State	Zip
3. Place of Birth	Date of Birth oy of your birth certificate, pa		year O, or valid
4. Social Security No Home phone number (_) E-mail _		
5. Do you have at least a tenth (10 th) grade education or the equiv (Proof of education must be provided to the school & attached. A copacceptable.)			S []No
6. Name of Barber school in which training will be received:			
7. Have you ever received barber training in Idaho or any other (If yes, please attach the name of the school you attended, your name (if different place).		[]Yes	5 []N
8. Have you ever been convicted of any State or Federal felony? (If yes, please attach a detailed statement, & official court documents that incorpodation or parole documentation, and any other relevant information.)	clude a summary of the charg		[] No
9. Have you ever been licensed anywhere to practice in this profe (If Yes, certification of licensure must be received directly from the licensing			[] No cessed.)
10. Have you ever had a license, or registration revoked, suspend (If Yes, please attach a detailed statement, & official disciplinary documents and any other relevant information.)			[] No all order,
(continued)			

BOL-BAR-BS-59-revised 03/06

BARBER STUDENT REGISTRATION FORM

(continued)

STUDENT AFFIDAVIT

I hereby certify that I am the person named on the attached application and that I have no infectious or contagious disease that may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I understand that registration is conditional on the verification of the information and fee I have provided.

	Signature of applicant
	Signature of applicant
State of, County of	, ss. day of, 20
	, 20
(seal)	Notary Public official signature
	my commission expires
	SCHOOL AFFIDAVIT
	entioned school and that the named applicant is being registered prior to
beginning training.	imentation that the applicant is of good moral character; is not less than 16 ½
years of age, and has met the 10^{th} grade ϵ	
	•
	Signature of school agent
State of County of	22
State of, County of Subscribed and sworn before me this	, ss, 20
	, ss, 20
State of, County of Subscribed and sworn before me this (seal)	Notary Public official signature
	Notary Public official signature
(seal)	Notary Public official signature my commission expires
(seal)	Notary Public official signature my commission expires PHOTOGRAPH
(seal) Attach below an original 3"X 2" bu	Notary Public official signature my commission expires PHOTOGRAPH ast only photograph of yourself and bearing your signature.
(seal)	Notary Public official signature my commission expires PHOTOGRAPH ast only photograph of yourself and bearing your signature. HEIGHT
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